

**CHDP ANNUAL SCHOOL REPORT**

Please check one <input type="checkbox"/> Public School District <input type="checkbox"/> Private School	School year 20 ____ to 20 ____
Number of schools in district with first grade enrollment	Telephone number ()
Contact person	Contact person's email address

Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.

Physical address (if different from mailing address)

Name of School (For School Districts and Private Agencies reporting more than one school, please complete all sections for each school reported)	Total Number of Children Enrolled in First Grade at Time Report was Prepared	Number of Children with Report of Medical Examination for School Entry on File	Number of Children with Waiver of Medical Examination			Number of Children with No Report Nor Waiver
			Parent does not want the examination	Parent unable to obtain examination	Reason not specified	
Total number of schools reporting	Total enrolled first graders	Total	Total	Total	Total	Total

HAVE ALL ITEMS BEEN COMPLETED?

I certify that the numbers of children reported above are true numbers and that the parents or guardians of these children were informed of the availability of no-cost or low-cost health exams.

Print name	Signature	Date
Telephone number (if different from above) ()	Email address (if different from above)	

Keep one copy and send the signed original to **CHDP Health Promotion** by January 15th

P.O. Box 85222, MS: P511-H, San Diego, CA 92186-5222

For more information, please call 619-692-8486